



**BUREAU OF SUPPORT SERVICES
MOBILE REPORTING UNIT
EMS Incidents Record Request Form**

Attention Mobile Reporting Unit Staff

Please complete as much of the below information that you can verify requesting a run sheet:

Date of run 14 Oct 2011 Ambulance 28 Time _____

Run Number _____ 9-1-1 Event Number _____

Name of Patient _____

Address of Incident _____

Hospital Transported to Strayer Hospital

By signing below you agree with this statement: I have requested this document and I understand that its use and disclosure is governed by "HIPPA 42 U.S.C § 1320(d) et seq. (2002). I am authorized and approved to have workforce access to this document to carry out my duties and will abide by the City of Chicago's policy on Loss and Disclosure for "HIPPA 45 C.F.R §§ 164.502(g) 2002.

THE ITEMS BELOW THE LINE ARE MANDATORY BEFORE PROCESSING.

Print Name and Rank INV # Neomi Hernandez #121

Signature of requesting Officer Inv. # Neomi Hernandez #121

Specific reason for the request Log #1049318

ASAP _____ Next Day _____ Non-Priority _____

LOG # 1049318
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